

CLAIMS ONLY							Application Number 10/729242		Filing Date
							Applicant(s)		
							* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1	/								
2		/							
3		/							
4		/							
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46		/							
47		/							
48		/							
49		/							
50		/							
Total Indep	2								
Total Depend	48								
Total Claims	50								
							* May be used for additional claims or amendments		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
51		/							
52		/							
53		/							
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